

# THE MEDICAL AND SURGICAL REPORTER.

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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### SIR ASTLEY COOPER'S SPECIFIC IN ACUTE CATARRH, AND OTHER OBSOLETE FORMULAS.

BY DR. MADISON MARSH,  
Of Port Hudson, La.

R.—Tinct. opii,                      gtts. xxv.

S.—Take the above at one dose, for two or three nights, on retiring to bed; cover well with warm blankets, and your cold is cured. Children's dose in proportion to age and custom of using opiates. It is a common custom to give infants paregoric from birth, to keep them from crying. Of course, they will require a larger dose. In case of infants I give a full dose of paregoric, with from a teaspoonful to two teaspoonfuls of castor oil. Although the formula as it stands is satisfactorily efficient, I have modified it as follows:—

R.—Tinct. opii,                      gtts. xxv;  
Oleum ricinæ,                      fl. ʒj.                      M.

To be given every night, as before, to an adult.

If the patient is bilious, or there is strong inflammatory symptoms, of from three to five days' standing, I prescribe the following:—

R.—Ol. ricinæ,                      fl. ʒj;  
Tinct. opii,                      gtts. xv;  
Hydrarg. chlorid. mitis, grs. x.

To be taken as before. Next morning, if it does not act, give an ounce or two more of castor oil.

This is as near a specific as sulph. quinine in intermittent fever, and is acknowledged by heads of families that have grown up under my treatment and advice within the last seventeen years. Physicians, try it and see; and thus commemorate one of the greatest minds in the profession during the present century.

To be effectual it must be used in the first stage of a "bad cold," when it is a mere flux from the nose and respiratory mucous membranes, accompanied by sneezing, itching in the fauces, coryza, and a slight feeling of general chilliness. After the initial period is passed, and mucous inflammation fully developed in the trachea and bronchial tubes, it will not do, but will aggravate the symptoms.

The first initial step in a "bad cold" is made by the morbid effect of atmospheric change of temperature, or poison floating in it, upon the sentient web of nerves that permeate every portion of the skin, or whole surface of the body, thereby destroying the normal action and paralyzing the cutaneous exhalents, thus producing an afflux of fluids, that should have passed off by the skin, upon the mucous membranes of the air passages, producing at first irritation, and finally inflammation.

The primary effect of opium, physiologically, is upon the nervous system, and through it upon the secretions, restraining them all, except the secreting follicles of the skin. It acts upon them with great vehemence, producing increased secretion and abnormal activity. Hence, it at once overcomes this cutaneous inactivity and nervous

torpor, restores the equilibrium of circulation of the fluids before inflammation is established, and perfect health is at once restored.

We have here, some seasons, a sort of non-descript catarrh, or *intermittent*, prevailing as an epidemic, very similar to the *epizootic* of last winter, that resists all sorts of antiphlogistic treatment, counter-irritants, diuretics, expectorants and calomel, but yields and is cured at once by the use of opium and quinine.

*Hay Fever* can be treated more successfully by the use of Sir Astley Cooper's specific than by any other remedy, by using quinine, as in malarious countries, to break up all periodic tendency. I used this treatment successfully while practicing in the West and in this country, as it prevails here annually amongst the colored people and others that work during *fodder pulling* time.

I think I shall put in my claim to the reward offered by the hay fever fraternity for resurrecting and bringing to their notice a remedy and formula that will stand even with, if not foremost of, any other presented by the profession.

In the rapid advance of medical science, some of the most vital and efficacious of remedies are overlooked and sink into forgetfulness, and are supplanted by those far less efficient. We can very surely profit much by a retrospect and examination of remedies and formulæ emanating from the giant minds in the profession in the age gone before us.

We are overwhelmed, bewildered, and amazed at the unlimited announcements of so-called new remedies. If a physician should accept them all, his whole time would be occupied trying their efficiency. "If scientific treatment at the present day had been in any way perfected, how were it possible that within a few years bromide of potassium, carbolic acid, and hydrate of chloral should become universal remedies; a fact proving the absence of scientific system in the treatment of disease."

On the publication of a new remedy, many, and a large proportion of the profession, are seized by sudden jerks and spasms, and the new thing is seized upon, and without reflection or thought, pause or investigation, the novelty is at once accepted and vigorously espoused, and kept up as long as there is profit in the *new sensation*.

Not only new remedies, but new appliances for their use make their appearance, such as hypodermic injections and local anæsthesia, and are in universal use, to the exclusion of everything else, for all the aches and pains flesh is heir to. Finally the novelty ceases, and remedies and instruments assume their proper level in surgery and general therapeutics.

In yielding just tribute to the great minds of the past, I think it not inappropriate to reproduce, from your *Half-Yearly Compendium*, a formula for the triplex pill of the late Dr. John W. Francis. It primarily consisted of equal parts of *socotrine aloes*, scammony, and mercurial mass, in a pill, one to be given every night, as a laxative and alterative.

A formula has been recently resurrected, made by Dr. Francis, in his old age:—

R.—Powd. *socotrine aloes*,  
Powd. scammony,  
Mercurial mass,      aa 1 Troy ounce;  
Croton oil,      fl. xx;  
Oil of caraway,      ʒi ss;  
Tinct. aloes, myrrh, or  
Elixir proprietatis,      ʒij.

Mix the ingredients well together by thorough trituration, make a pill mass, and divide the mass into four hundred pills.

The usual aperient or laxative dose is one pill at bedtime, until the natural condition is restored.

I prefer the first formula of Dr. Francis, for its simplicity and few ingredients, and fulfilling all the indications required.

Sir Astley Cooper denounced the use of a multiplicity of remedies combined in one formula, and said, with three articles he could relieve almost any curable disease.

Using a multiplicity of remedies in one prescription, and employing a plurality of doctors, they will stare at each other when their patient is dying, not knowing whether their patient is killed by some poisonous chemical combination or the disease with which he was afflicted.

As a tribute to my preceptor, Dr. James Carter, deceased, of Geneva, N. Y., who, I think, was a cotemporary of Dr. Francis, and student of the celebrated Dr. Rush, and for the purpose of transmitting some of the professional gems from the minds of the great and good, I submit a formula for making a laxative pill not less celebrated in his locality than the celebrated triplex pill of Dr. James Francis. Through all my prac-

tice I have used them successfully in all cases of constipation of the bowels, restoring them in a short time to their natural action, if used thoroughly before disorganization of the bowels had taken place:—

R.—Ex. col. comp. 3j;  
Mass hydrarg., 3ss. M.

Ft. Pill No. xx. Give one every night until there is a regular action every day. After that every night that there is not a regular action through the day.

*Hope's Mixture.*—A formula of the U. S. Dispensatory for using nitric acid:—

R.—Acid. nitrici 3j.  
Tinct. opii gttss. xl.  
Aque camph. f. 3viij. M.

It is a febrifuge, anti-periodic, alterative, diuretic, antiseptic, and tonic.

Sig.—A tablespoonful to be given every two hours in a half glass of sweetened water. Used in chronic diarrhoea, acute and chronic dysentery, cholera, gastric irritation of the stomach, and in the second stage of yellow fever, it is invaluable. I have in the course of my practice gained more eclat in the use of nitric acid than any other remedy, and if within my command, I prefer Hope's Mixture. It is very neat and elegant, and makes a very grateful beverage for the sick under all circumstances.

I have used it in tubercular consumption, when auscultators had pronounced cavities, with great prostration, chronic diarrhoea, and chronic dysentery, with a view of restoring the bowels to their natural condition. To my astonishment it restored my patients to their usual good health and spirits. Two cases are residing near this place. One treated two years and the other five years since. But as the disease is hereditary I think they will ultimately die of it. I did not prescribe this acid with a view of directly relieving the lungs, and dispersing the tubercles, and had not the faintest idea that it had that effect until after reading Dr. Ford's lecture on Consumption, obtained from your office.

As the above combination, known in the Dispensatory as Hope's Mixture, has fallen into disuse and become obsolete, I take this method of bringing it again to the notice of the profession, and rescuing from oblivion one of the most useful formulæ of the United States Dispensatory.

## MEDICAL AND SURGICAL CASES TREATED BY ELECTRICITY.

BY GEORGE M. BEARD, M.D.  
Of New York City.

### NO. I.—MEDICAL CASES.

The following medical cases will serve to illustrate certain features in electro-therapeutics that are not yet fully recognized by the profession, even among those who make considerable use of electricity in practice. It is possible that these reports may be read by some who are in the habit of using both currents of electricity, and who have acquired sufficient skill to enable them to confirm or disprove the results here claimed. General practitioners have continually under observation cases that the specialist sees but rarely, and if he happens to be familiar with electrical applications, may, if he will but take the pains, assist materially in advancing the cause of electro-therapeutics. Acting on the theory that at least a part of the pathology of diabetes rises in the brain or spinal cord, I have treated ten cases by galvanization. The first one treated was the following:—

Diabetes Mellitus, Traumatic Origin, in an Aged Patient; Rapid Relief of all the Symptoms, and Apparent Arrest of the Disease under Central Galvanization; Subsequent Attack of Hemiplegia.

J. D., a farmer, aged 78, was referred to me, January 30, 1873, by Dr. J. H. Raymond. The patient had always been active, laborious, and well, until two years previous, when he fell ten feet in a barn, struck and hit on his side. That same night came pain in the nipple, and a very profuse flow of urine. At one time he passed as high as two quarts and three pints daily. It was ascertained that the urine contained sugar, and by medical advice he had adopted Campkin's diet, and under Dr. Raymond had taken carbonate of soda with advantage.

The symptoms at the time the patient came to me were as follows: There was headache, bad taste in the mouth; the urine had a specific gravity of 1024, and he was obliged to rise in the night to pass water; about two quarts were passed daily; there was considerable muscular debility, so that a short walk was fatiguing.

On the theory that the disease was in the spinal cord, or at least in some part of the central nervous system, I began to use central galvanization, with immediate results.

After the first application he began to be stronger, and after a week it was no longer needful for him to rise at night to pass water. The specific gravity of the urine soon went down to 1019, at which point sugar could still be detected. The diet of the patient, and his general manner of life, was the same as before. Sugar was never entirely expelled from the urine, but in strength the patient so much improved that he could walk several miles daily. The headaches were felt no more, and the bad taste was much mitigated. He returned to his home and to his occupation, and was able to work more or less for six months, when he was taken with hemiplegia.

Dr. Barker informs me that he has similarly treated a case of diabetes, and has from time to time examined the urine and estimated the quantity of urea. He has confirmed the experience above recorded, and besides, has shown what I do not attempt, that the quantity of urea diminished very markedly under the treatment.

In the following much severer case the apparent results of treatment were less decided:—

**Diabetes Mellitus. Two and a Half Years' Standing. Apparently Caused by a Fall, Complicated with Various Nervous Symptoms; Temporary Benefit from Central Galvanization.**

Mrs. L., a married lady, under middle age, was sent to me, March 4th, 1873. Two and a half years before she had a severe fall, which produced a concussion of the spine, and laid her up for a week. In a few months came on excessive thirst, constipation, and sugar in the urine. She had been through various forms of treatment, and confined herself to bran-bread, and was then drinking Bethesda water, which seemed to do her good. Her condition was as follows: specific gravity of urine, 1049; six gallons passed daily part of the time, and when she paid no regard to her diet. Considerable facial neuralgia, great thirst, a feeling of aching and stiffness in legs, with pains resembling growing pains; insomnia, partly owing to the fact that she was obliged to get up several times during the night to pass water; and tenderness of dorsal and lumbar vertebrae. Treatment by central galvanization faithfully used brought down the specific gravity of the urine to 1040, but never lower than that, enabled her to pass the entire night without rising to make water, and relieved many of her general nerv-

ous symptoms, and this was all it accomplished.

Anosmia, loss or impairment of the sense of smell, is relieved by electricity, and sometimes permanently cured. Internal applications are better than external applications, and the galvanic current is preferable to the faradic.

**Chronic Rhinitis, with Anosmia and Profuse Secretions; Immediate Relief Under Internal and External Galvanization.**

Mr. H., a gentleman of middle life, was referred to me by Dr. St. John Roosa, October 5th, 1872. The patient was suffering from "catarrh," so-called, most severely; the secretion was very abundant. The anosmia was quite profound, and the sense of taste also was considerably affected. The symptoms had been worse during the past two weeks. I gave treatment by internal galvanization with a mild current, six cells, by means of the nasal electrode, the cathode internally. The nasal passages were sensitive, and only gentle currents and short application could be borne. External application also was employed, one pole on the bridge of the nose and the other in the hand. Relief followed the next day; for the first time in two or three weeks, he could smell fragrant substances. He continued to improve under a number of applications, when I lost sight of the patient.

In the above case there was not, so far as I know, any marked improvement in the discharge or in the character of the ulcers from which the discharge proceeded. The case illustrated the fact I have often observed, that the anosmia yielded long before the inflammation with which it is associated.

Cases of asthenopia are frequently benefited by local faradization or galvanization. I long ago expressed the belief that more could be done for asthenopia than for almost any other form of disease of the eye.

**Asthenopia, Nine Years' Standing; Temporary but no Permanent Relief from Localised and General Faradisation and Central Galvanization.**

Miss W., aged 25, was referred to me, December 11, 1872, by Dr. E. G. Loring.

Since puberty the young lady, who was of a pronounced nervous temperament, had suffered from weakness of the eyes. She could read but little without pain. Before the menstrual periods she was always worse. There was ovarian tenderness, resulting



probably from congestion due to a cold taken during the menses. This tenderness, which had existed two months, made it quite difficult for her to walk long distances, and apparently the weakness of the eyes was aggravated thereby.

An application of localized electrization made her eyes feel better for a day or two. This method of treatment was continued for a month, though varied somewhat by central galvanization and general faradization with a view to improve her general condition. The improvement was not satisfactory; temporary, and I believe permanent, relief was gained.

There is no form of paralysis that serves so well to illustrate the differential action of the two currents as facial paralysis.

Facial Paralysis of Right Side, Caused by Exposure to Cold; Permanent Recovery under Local Galvanization after Failure of Faradization.

Mr. E., a gentleman of middle life, was referred to me November 30, 1871, by Dr. Wm. K. Brown.

The patient had been exposed, a number of weeks before, to a cold wind while riding; there followed paralysis of the right side of the face. For this condition Dr. Brown had used faradization without much effect.

I found on examination that the patient could move the muscle of the diseased side but slightly, and under a strong faradic current there was no response. Six weak cells of the galvanic current caused ready contractions of the *corrugator supercilii*, the *orbicularis* and the *zygomatici*.

After one week of treatment, six applications, the patient could close the eye immediately after the application, and could slightly corrugate the forehead; at the angle of the mouth no movement was possible. The slight improvement just after the sitting lasted, in its full extent at least, but a short time. December 26, after sixteen applications, the patient could slightly move the angle of the mouth. January 24, after thirty applications he was so nearly well that treatment was abandoned. Subsequently I saw the patient, and he was entirely restored.

In the above case the faradic current alone, even if persevered in, would probably have accomplished little or nothing. And yet cases of facial paralysis of a similar character are sometimes treated by faradization and then abandoned, and then electricity loses

ground in that immediate neighborhood. I will not say that faradization long continued may, by its mechanical effect and general influence over nutrition, aid the case of a peripheral facial paralysis, even when it produces no contraction; indeed, I suspect that it may have such an effect; but so long as we have the galvanic current at command it is not necessary to wait the slow action of such an experimental expedient.

### NÆVUS, OR ANEURISM BY ANASTOMOSIS.

BY DR. J. F. PRITCHARD,

Of Manitowoc, Wisconsin.

As the report of practical cases to the profession is always of much more real value than theory, I am induced to give the result of an interesting case from my practice.

March 14th, 1872, a little boy, six years old, was brought to me for vaccination. I noticed a tumor on the left side of his face, at the angle of the mouth, and on his mother drawing my attention to it, the examination proved it to be a large nævus, or aneurism by anastomosis. The history showed it to have existed since birth, when it was not larger than a pea. It had gradually increased in size since then, in every direction, and now occupied a space two and a half inches long, extending from a little to the left of the centre of the lower lip outward on the cheek; the opposite diameter was one and three-fourths inches in length, making a very unsightly appearance.

It had the usual characteristics of such tumors, was readily compressible, and as readily distended itself again; it also possessed the usual murmur. He had injured it once by a fall, when there was very free hemorrhage, which was difficult to arrest. Decided, at the request of the boy's mother, to undertake its treatment, and owing to the position of the tumor, and to avoid unsightly cicatrices, concluded to use the injection of liquor persulphate of iron. I may say here that the report of a similar case by Dr. H. Palmer, in the *Northwestern Medical and Surgical Journal*, Vol. II, Nos. 5 and 6, page 249, in which this treatment had been very successful, lent me every hope of success in my case.

To guard against accidents from the detachment of portions of the clot formed by the iron, I had first moulded in wax, and

from that model, a ring of vulcanized rubber to fit accurately around the tumor, and produce compression against the teeth and jaws. This ring answered the purpose admirably, and was held in place by an assistant while the injection was being made, and afterwards until the coagula was firm.

March 23. Commenced injection of Monzel's solution of iron at the edge of the tumor. Made two injections of about two drops each, remote from each other.

March 27. Hard coagula in position of injections previously made. His mother informed me that there had been considerable inflammation and pain. Has used poultices as directed, which caused a little bleeding from the orifices made by the syringe needle.

March 30. Made two more injections nearly the same in quantity as before, and still on the edge of the tumor.

April 3. Tumor smaller. Absorption of clots formed by first injections apparent. Made two injections on circumference of nevus.

April 6. Introduced the point of the syringe directly into the centre of the tumor; it bled profusely for a short time, but was controlled by astringents applied externally. After the coagula had formed there was no further trouble from bleeding.

April 10. Was called to prescribe for a brisk inflammation of the tumor caused by the last injection. The nevus was more than double its former size, hard, with a tendency to ulceration. Used cold poultices, and internally a mercurial laxative.

April 11. Inflammation nearly subsided.

April 15. Slight suppuration from two punctures, but no swelling or general inflammation.

June 4. Made an injection from the mucous surface, which was followed by a free discharge of blood. Very little ulceration since last visit and no further unpleasant symptoms.

July 8. Found a small part of the disease not included in the coagula, which I then injected. After this there appeared to be none of the diseased tissue not injected; some slight puckering around the points which had previously been ulcerated.

From the latter date till the present time have been obliged to make two or three injections of portions of the diseased tissue which had escaped previously, from the compression caused by the coagula. The clots

formed by the iron, when large, I found to absorb but slowly, and even now there is the remnant of some left, but in an advanced state of absorption.

The conclusions I would draw are that if we are anxious to avoid disfigurement, and the patient is young, the plan of treatment is very satisfactory; but if situated on any other part of the body than the face or neck, some other treatment would be preferable.

This method of injection would be unsafe where compression cannot be readily made, from detachment of portions of forming coagula. There should be no haste, in order to avoid serious inflammation, and perhaps sloughing, and without regard to the number of days in the interval. An injection should not be made until there is no further danger of causing inflammation in the clot formed by the injection just preceding.

#### A CASE OF LUMBAR HERNIA.

BY WELLINGTON N. CAMPBELL, M. D.,

Senior Assistant to Reception Hospital, West Ninety-Ninth Street, N. Y.

Thomas Whelan, four years of age, born in this city, was brought to the Out-Door Dispensary of this Hospital, on the morning of November 23d, 1873, for the treatment of an abscess, as the father called it. We were directed to the spine as the seat of trouble, from the peculiar aspect of the patient, which is so characteristic of spinal disease. On examination, was found a convex curvature of the spinal column, at about the middle of the dorsal vertebra, which was first noticed by his parents two years ago, and which very gradually increased in size. Eighteen months ago an abscess formed in the left loin, between the crest of the ilium and the last rib; after attaining a considerable size, it was lanced by a surgeon in attendance, and much pus discharged therefrom. A poultice was then applied, and it continued to discharge up to the first of last May, at which time they discontinued the poultice, and the wound closed. One month following the closure of the wound, another tumor made its appearance, which gradually increased, and the father, deeming it advisable to have it lanced as before, brought his child to this dispensary. The tumor was found to be situated at that point where the quadratus lumborum and latissimus

dorsal intersect the external and internal oblique muscles. It was then about the size of a goose egg, soft and fluctuating to the touch; tympanitic resonance was obtained on percussion, and upon performing taxis forward and inward, it was reduced, followed by a rumbling or gurgling sound, reappearing upon the patient's coughing or making muscular exertion.

From these and other familiar signs it was diagnosed to be a lumbar hernia, due, in all probability, to disintegration of the muscular fibres of these muscles, owing to the long-continued discharge from the abscess above mentioned. After reduction was accomplished, a compress and bandage was applied to retain the intestine in place. The case was presented to Prof. Mott, at his clinic, at Bellevue College, on the following Wednesday, and he confirmed the above diagnosis.

In looking over the literature of the subject, I find that Gross makes mention of but four cases of lumbar hernia. Holmes of one, and Erichsen of none.

Gross, Vol. II, page 559: "lumbar hernia is extremely infrequent, the only cases hitherto reported being those of Petit, Pelletan, Cloquet and Chapplain."

Holmes says that in the third *Bulletin des Travaux de la Société de Médecine de Marseille* Dr. Chapplain relates the case of a man, aged sixty, who, after being squeezed between a wall and a carriage, found in his loin a tumor between the crest of the ilium and the last rib. It appeared at first like a chronic abscess, but the presence of intestine was easily ascertained. Mr. Kingdon has seen a case of this kind. The bowels protruded just above the crest of the ilium, at its highest point, about three inches from the spine, just where the quadratus lumborum and abdominal muscles meet. The man was fifty-four years old, tall and thin. He suffered with hæmoptysis and emphysema of the lungs.

The reasons I deem sufficient for publishing this case are as follows:—

- 1st. On account of its rarity.
- 2d. On account of the peculiar circumstances under which it occurred.
- 3d. The imminent danger that would necessarily follow the opening of a tumor of this nature.

—The Worcester Press thinks that an *Eng* raving would most appropriately represent the scene of Chang's death.

## HOSPITAL REPORTS.

### CLINICAL CONTRIBUTIONS TO OPHTHALMOLOGY.

BY P. D. KEYSER, M.D.

#### Iritis, with Gelatinous Exudation into the Anterior Chamber.

J. P., set. 22, came to my clinic at the Will's Ophthalmic Hospital, March 27th, 1873, with iritis, R. E. The inflammation, with pain, came on a few days previously, but thinking it would pass away he took no notice of it at once. The pupil was irregularly contracted; the iris swollen; considerable peri-corneal injection; vision cloudy; pain severe. He had had gonorrhœa two or three times, but never had a chancre. Has suffered from rheumatic pains in the limbs, and sore throat at times.

A solution of atropia sulph., four grs. to the ounce, was ordered to be dropped into the eye three to four times daily, and ten grs. iodide of potassium, with one-twelfth gr. of bin. iodide of mercury and ten  $\mathfrak{m}$ . tr. colchicum, given inwardly three times daily.

March 29. Iris finely dilated, but color changed to a dirty yellow. Aqueous clear.

April 5. Iris still finely and regularly dilated, but covered with hemorrhagic spots. The pupillary region is completely covered with a grayish translucent gelatinous mass, apparently issuing from or attached to the edge of the iris. It looks as if the lens had been dislocated forward and become slightly opaque.

April 8. The exudation has increased in size and thickness. The hemorrhagic spots on the iris still visible.

April 10. The gelatinous exudation has increased so as to almost fill the anterior chamber, and is as opaque as a cataractous lens. The vision is reduced to distinguishment of a bright light only. A very narrow rim of the iris is visible.

April 15. The exudation remains as when last seen. There is considerable hemorrhage into the anterior chamber. The pain in the eye much less.

April 19. The hemorrhage into the anterior chamber absorbed, and the exudation less opaque. No pain in the eye nor over the brow. The process of absorption has begun.

May 8. The whole of the semi-transparent coherent mass is absorbed. The anterior chamber is clear. The iris still discolored and dilated. By ophthalmoscopic examination vitreous found to be quite clouded. Ordered hydrarg. bi chlor, one-sixteenth gr., three times daily.

From this day on absorption went on rapidly, and the eye cleared up so as to give a vision of <sup>20</sup>/<sub>21</sub> until

June 7. He returned with the eye again inflamed. Much peri-corneal injection. Iris horizontally oval. Eyeball feels swollen, too large for the socket, painful to the touch. Great burning pain in the eye. Anterior chamber clear, but cornea slightly infiltrated.

Vision reduced to  $\frac{20}{60}$ ; four gr. solution of atropia continued. Artificial leech applied to the temple, and fifteen grs. iodide of potassium inwardly, three times daily.

June 10. Eye much better. Iris well and evenly dilated. Pain relieved.

June 14. Eye still improving. Artificial leech again applied to the temple.

From this time, under the above treatment, the eye improved, so that in about ten days thereafter he went to work with vision of  $\frac{1}{2}$ .

The points of interest in this case are:—

1st. The hemorrhagic spots on the iris.

2d. The gelatinous exudation into the anterior chamber from the iris.

3d. The primary cause, whether of syphilitic origin or not.

The hemorrhagic spots were peculiar. When first noticed there appeared but three or four little globules of blood oozing out of and resting on the iris, no doubt held in position by still being under the epithelium of the iris. These increased in numbers, and some coalescing formed long oval spots, then passing through the epithelium fell to the bottom of the anterior chamber, forming a hyphæma.

The first appearance of the gelatinous exudation was immediately over the pupil, and appeared issuing from or attached to the inner edge of the iris; looking as if the lens was slipping through the pupil.

From the symptoms of the sore throat and the cloudiness of the vision, I have no doubt that he had a urethral chancre at one of the times he says he was suffering from gonorrhœa, and that syphilis was the real cause of the disease, although at no time could I see a well defined gummy tubercle on the iris.

Schmidt, of Marburg, is the first to have written upon this peculiar exudation from the iris into the anterior chamber. In 1869 he called the attention of Prof. V. Graefe to it, who said that he had seen but a couple of like cases, but had made no particular notes thereof.

In Schmidt's paper he describes two cases which came under his care, but says nothing of syphilis as the primary cause, claiming it as a rheumatic affection.

In looking over them and their treatment, I am inclined to think that there was really more syphilis than rheumatism at the foundation of the disease. In the last case he describes, he at first thought that it was a dislocation of the lens, with secondary irido-choroiditis, and to relieve the severe inflammation placed the patient under the injunction of ung. hydrargyri. Under this treatment, he says, he was surprised to see the exudation became reduced and absorbed. On the sixteenth day after the beginning of the treatment there was a little exudation of blood into the anterior chamber, which was again absorbed the second day after. He does not, however, mention anything about the appearance of little blood globules on the iris first. He also found clouded vitreous as soon as an examination with the ophthalmoscope could be made. He does not

say if he even inquired or examined for any previous syphilitic infection. His treatment was entirely anti-syphilitic, under which they recovered.

Gunning, of Amsterdam, in 1872 published three cases of this peculiar exudation, in two of which he found syphilis the primary cause of the iritis, and one doubtful, "rheumatism" being given.

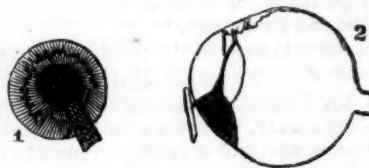
Kipp, of Newark, N. J., published a case in 1873, in which syphilis was the primary cause.

All the cases so far published have been males. In looking over these cases I am of the opinion that where this peculiar gelatinous exudation from the iris into the anterior chamber is found or takes place with iritis, that syphilis, either acquired or congenital, will be found in the patient.

#### Granuloma of the Iris, Extending Through the Cornea.

G. S., æt. 21, machinist, came to me November 10th, 1866, to have his left eye examined, which had been injured some days previously by a ragged piece of iron nail butt flying against it.

There was found a traumatic cataract, a long cicatrix across the outer half of the cornea, running at an angle of  $150^\circ$ , and extending out of the cicatrix there was a flat hammer-shaped fleshy tumor, lying in the cornea. Perception of light was good.



The tumor was 6 m.m. long, 3 m.m. broad, and 2 m.m. thick, and was attached to a small round pedicle that passed through an aperture in the cornea, on the line of the cicatrix, and connected with the iris and spread out on the anterior capsule. The capsule was thickened and appeared quite vascular on that side.

The iris had prolapsed into the wound of the cornea, and no doubt was lacerated at the time of the injury. The pedicle seemed to run along and was lying on the prolapsed iris. The iris was not inflamed, nor changed in color.

There was no pain attending it, but much inconvenience at times by the lids, on closing, catching it and drawing it from its base.

The history given was, that there was considerable pain and inflammation for a day or two after the injury, but it soon passed away, and a little fleshy spot showed itself on the eye, which continued increasing, and at the same time flattening out until it had attained the size above mentioned, when he sought surgical advice.

I proposed the removal of the cataractous lens and the lower and outer part of the iris



with the granuloma, but the patient would not consent to undergo the operation, so I cut the pedicle through close to the cornea, touched the point with caustic, and applied a firm compress bandage over the eye.

I saw him several times in two to three months after, during which time there showed no disposition of its returning, and the eye remained in good condition. Since then I have heard nothing from him. He promised to come to me if it should grow again.

Granulations proceeding from the iris and ciliary body after lacerating wounds, do sometimes form in the eye and produce more or less irritation. At times become large fungoid masses, destroy the eye by bursting through the cornea, and then shrink, leaving the bulb atrophied.

In this case the granulation formed, and following the track of the prolapsed iris, pushed out through the incision in the cornea before it had entirely healed.

#### Congenital Hereditary Dislocation of Both Lenses.

E. D., aged 28, residing in Lycoming county, Pa., was brought to my clinic at the Philadelphia Eye and Ear Infirmary, January 13th, 1872, for an affection of her sight, with the history that ever since her birth she has had poor vision, never having been able to attend school, although she has made out to teach herself to read by the use of very large type.

She is of normal stature and build, and always enjoyed good health. The eyes are small, diameter of the cornea reduced. Iris dark hazel; pupils rather contracted. On fixation on any near object, the right eye deviates somewhat outward. Her vision is, large objects at ten to twelve feet without distinguishing them. With + 4 glass vision  $\frac{15}{60}$ . With + 3 $\frac{1}{2}$  reads of Jäger's test types, No. 6, at eight inches.

In looking directly in the eyes a grayish white cone-like projection is perceived coming from the lower and outer part of each pupil.

The pupils being dilated by atropia (4 gr. solution), ophthalmoscopic examination showed dislocation of both lenses outward and downward, and now opaque and shriveled, the line of vision being over them.

There is also a singular involuntary spasmodic movement of both eyes and the brow. Every few minutes the brows would contract, and the eyeballs would roll upward and inward as far as the muscles could draw them, being a spasmodic contraction of the corrugator supercilii, and superior and internal recti and inferior oblique of each eye.

Upon questioning her why she did it, she replied that she was perfectly unconscious of any movement.

She and the lady with her reported that the patient's mother, sister and two brothers were affected with the eyes and sight just as she is; and that the mother had three brothers and her father similarly affected.

If this is so, it is a very remarkable case of

hereditary abnormality of the eyes existing in so many members of one family.

It is now a well established fact that there are persons born with the lenses of the eyes out of the natural position, or rather displaced from the normal situation, but still remaining within the ciliary processes, and sustained by the normal attachments. This condition, though rare, is often hereditary, and sometimes exists in several members of one family.

The displacement, according to Stellwag, usually takes place upward and inward. The above case deviating, however, from the usual rule, in the situation being downward and outward.

The lenses in this position often remain transparent for years, perhaps through life, while in some, laminated cataract is developed. There is always great disturbance and difficulty in vision. If by contraction of the iris the rays of light pass through the edge of the lens lying in the pupillary region, the adjustment is myopic, and with some astigmatism is combined; while if the rays pass directly in, by, or over, or under the edge of the lens and not through it, it is adjusted as in aphakia (absence of lens), strongly hypermetropic. Occasionally deviation of the optic axes takes place, that is, the eyeball turns in or out, up or down, from its normal position, to allow the rays of light to pass clearly and unobstructed in through the most transparent part of the pupil, causing an accommodative strabismus, as in the case above, the right eye deviated outward on fixation of objects.

## MEDICAL SOCIETIES.

### MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

(REPORTED BY J. W. P. BATES, M. D.)

#### Chorea.

Dr. H. T. Reynolds.—St. Vitus' dance is one of the most novel of the diseases of the nervous system. It consists of irregular and involuntary convulsive movements of one or all of the voluntary muscles, depending upon centric or peripheral irritation of the nervous system. The disease, as we commonly meet it, is so unlike any other affection that we have no hesitancy in recognizing it. It begins with twitching of one or more muscles, and gradually involves others, until frequently the whole body participates in irregular clonic movements. Usually one arm or one side of the face is observed to twitch, and the child is mortified on being reproved for mimicry; but not many days elapse before the parents become painfully aware that the grimaces and distortions are unavoidable. The hand, in passing to the mouth, shoots all around its mark, and finally hits it as if by accident. When the convulsive movements have extended to the body and lower extremities, walking becomes shambling, difficult, and even in bad cases impossible. The patient pitches forward,

makes numerous halting movements, strides, leaps, twists and contorts the whole body. When he attempts to control himself the gyrations are aggravated. In sitting, the feet and hands are never still, the head turns in every direction, the countenance is vacant and distressed, and some children betray an irresistible propensity to laugh and giggle when spoken to. The tongue, after some efforts, is quickly protruded and as quickly withdrawn. Its coating is not characteristic. The child keeps sliding from the chair, then rights itself up, and has no sooner attained one position than it finds itself in another. The speech is often impaired and articulation imperfect. Usually one lateral half of the body is affected more than the other, and sometimes the movements are confined to one side. There is an entire absence of fever or pain, except in complicated cases. During sleep the movements usually cease. This description covers the majority of cases.

Milder forms of the affection, confined to one or a few muscles, come under our eye daily; such as squinting, shrugging the shoulders, twitching the hands, etc.

Chronic forms exist in every large community, the unfortunate victims becoming objects of merriment to the ignorant, and of commiseration with the intelligent. As a rule, the mental faculties are impaired in protracted cases, and, indeed, those attacked are among the weak minded, but this is far from being always the case. Several of our most competent business men are sadly afflicted with general chorea, and one of the most profound lawyers of the age has an ungovernable cheek.

A very fatal form of this disease prevailed some years ago in Lombardy, known by the name of electric chorea. The movements were rhythmical, and delirium was common. Epilepsy was the usual termination. At one time, in Italy, persons supposed to have been bitten by the tarantula took on dancing movements, which lasted a considerable time. Music was invoked as the only antidote.

Chorea has had an interesting religious connection. It appeared in France in the latter half of the fourteenth century, and prevailed extensively on the Continent, and was known as St. John's Dance. Some years later an epidemic commenced at Strasburg. "So numerous were the sufferers, real or pretended," says the historian, "that the city authorities divided them into companies, and appointed persons to conduct them to the chapel of St. Vitus, as well as protect and restrain them by the way. They were taken to this chapel in consequence of a legend which represented that St. Vitus, when suffering martyrdom, in the year 303, had, in answer to prayer, received power to protect from the dancing mania all who observed the day of his commemoration and fasted upon its eve." At any rate, to the shrine the people went, and there priests were ready to sing masses and perform other services fitted for the occasion. Thus the name of the disorder became changed from the dance of St. John to the dance of St. Vitus. These epidemics had pecu-

liarities with which we are unfamiliar at the present day; flatulence, howling, screaming, etc.

Dr. Hecker observes that "for nearly two hundred years society was disorganized by persons suffering from this demoniacal disorder, and by rogues who simulated it for sinister purposes."

Among the physical phenomena of the Methodist movement of the last century, there were, beyond doubt, many cases of hysteria and catalepsy, as well as chorea. The most remarkable instance, as noted by Jonathan Edwards, occurred among the Presbyterians in our Western States, and were known as the "jerks." The eccentric Peter Cartwright says, in his autobiography, "Just in the midst of our controversies on the subject of the powerful exercises among the people under preaching, a new exercise broke out among us, called the jerks, which was overwhelming in its effects upon the bodies and minds of the people. No matter whether they were saints or sinners, they would be seized with a convulsive jerking all over, which they could not by any possibility avoid, and the more they resisted the more they jerked. If they would not strive against it the jerking would usually abate. I have seen more than five hundred persons jerking at one time. Most usually persons taken would rise up and dance; some would run, but could not get away; some would resist, and on such the jerks were usually very severe." Some remarkable cases are mentioned in recent medical journals, but I will not prolong this part of my subject by referring to them.

*Causes.*—Chorea occurs particularly in childhood, most frequently between the fifth and fifteenth years, though no age is exempt. A recent number of the *Lancet* records a case of its occurrence in a man 46 years of age, and Dr. Wood mentions a case at 86 years. The subjects of it are generally of an impressible nervous temperament, either naturally or as the result of some debilitating influence. Many cases are clearly traceable to fright and emotional excitement, the bodily health being apparently good, but the majority have had antecedent disorders. A lad whom I attended with acute meningitis, had decided chorea about the beginning of convalescence. Rheumatism appears to bear a causative relation. Many practitioners have observed the disorder in connection with disease of the heart, and the opinion is largely entertained that this is a frequent cause of the complaint. I have never met with other than functional disturbance of the heart in this disease. Syphilitic affections, anæmia, congestion and inflammation of abdominal viscera may all so disturb the nervous system as to bring about the disorder. Intestinal irritation plays a prominent part in the causation. Some cases are clearly attributable to diseases of the genital organs and masturbation. Dr. Dickinson, of London, had a fatal case in a girl, æt. 17, who had a diphtheritic deposit on the cervix uteri, accompanied by intense congestion.

Generally, chorea is not to be considered dan-

gerous. Its duration is from several weeks to as many months. In some the disorder continues for many years. In others, again, as I hope to demonstrate, it passes away in a few days, and is strikingly under the influence of medicine. Some are exhausted and die from the severity of the convulsive movements, which seriously interfere with nutrition. So seldom does this disorder prove fatal, that opportunities for post-mortem investigation rarely occur. Appearances found after death belong rather to the concomitant diseases, and cannot be said to pertain essentially to chorea. We may fairly regard this disease as functional, depending in its inception upon one or other of the causes named, but in many instances continuing long after the original disturbance has ceased, and not unfrequently abating while the presumed cause still continues.

*Treatment.*—The physician usually contemplates a tedious treatment, extending over weeks or months. This apprehension very naturally results from the common experience and teaching of the profession. Attention should first be directed to the disorder which causes the disease. We must get rid of the worms or other sources of irritation, and attend to the constipation which is usually an accompanying symptom. If the patient be rheumatic we treat accordingly. Acute diseases must receive special attention, irrespective of the existing chorea, which, indeed, often ceases during the continuance of high fever and inflammation. Among the numerous remedies which have attained popularity, arsenic, zinc, iron, and strychnia stand out conspicuously. Besides these others have met with more or less favor, owing to their adaptability to the morbid condition which excited or accompanied the chorea. Arsenic has been used extensively of late years. English authors speak very highly of it. It is given in five gtt. doses of Fowler's solution twice daily, and gradually increased until its physiological effects are noticed on the eyelids, then gradually diminished. I have treated several cases in this way, but they lasted so long that I was disposed to attribute the recovery to the *vis medicatrix naturæ*. Sulphate of zinc administered in doses of one grain three times a day, increased to twenty grains or more, seems to be quite popular just now. It is given until the symptoms abate, or until it ceases to benefit, then gradually diminished. Twelve cases treated in this way at the Children's Hospital, London, by Drs. West and Dickinson, recovered in from seventeen to ninety days, average time of treatment forty-six days. Castor oil was the only cathartic used. Dr. Dickinson advises the zinc in robust patients, in chronic cases arsenic and strychnia. Troussseau always preferred strychnia. In children from five to ten years old he commenced with doses of one-twenty-eighth of a grain two or three times a day. The third day he increased the dose, and continued to increase it at intervals, until the physiological effects were manifest. At times he reached as high as one and a half grains per day. These

large doses were kept up awhile, then gradually reduced. Tartar emetic has been used with good effect by Laennec and others. The first day he would give one-seventh of a grain, double it on the second and triple on the third; then from three to five days he gave none; then go on with larger doses for a few days, then another rest, and so on. He has given in this way as high as fourteen grains at a dose. It is reported that ten cases under this treatment recovered, on an average, in sixteen days.

Radcliffe speaks most highly of cod liver oil in conjunction with hypophosphite of soda, sometimes associating camphor and ammonia. He has treated upwards of thirty cases with these remedies, and says the average duration of treatment was under three weeks. In some cases he associated arsenic. He recommends treating local chorea with arsenic, applied endermically or hypodermically to the part affected. Dr. Elliotson cured forty cases in succession by the use of sesquioxide of iron alone, average time six to eight weeks. Cimicifuga has a good reputation in America. In some reported cases the ether spray to the spine appeared to control the movements to some extent.

I wish to call attention to nine cases which I have treated during the past two years, illustrating most strikingly the beneficial effects of calomel and jalap, given in doses sufficiently large to cause considerable pain in the alimentary canal. Whether or not the happy results obtained were due to the relief of the irritation in the brain and spinal cord by the more powerful impression upon the bowels which the cathartic produced, I am not prepared to say. Nor will I conjecture how far the relief of visceral congestion contributed to the result. Cathartics, frequently given, were formerly used in this disease much more than at present. With some of the older physicians they constituted the only treatment, and their use was followed by gratifying results.

In reviewing many of the cases which have been reported in the text-books and journals, it is manifest that where cathartics formed a prominent part of the treatment the speediest results were obtained.

*Cases.*—I. January, 1872, Ida L., æt. 5 years. Had chorea two years ago, which lasted three months. At that time I treated her with arsenic and iron. This time I gave her wine of iron, fld. ext. cimicif., and applied ether spray to the spine daily. This treatment was continued twenty-nine days without any improvement. As she was costive I ordered calomel, gr. iijss, jalap, gr. v; this caused vomiting and purging with pain. The next day the movements had entirely ceased and all treatment was discontinued. The second day after the movements returned; the powder was repeated, with the happy result of stopping the chorea entirely. Length of treatment three days.

II. March 12th, 1872, Anna McC., æt. 11 years. She had had chorea one week, and the movements were well marked in both upper and

lower extremities. Some weeks before she had suffered from rheumatism, and since has been feeble and anemic. I gave her calomel, jalap, 33 gr. v, which produced vomiting and painful stools. No other medicines were given, and no special hygienic measures employed. The chorea stopped the same day and has not since returned. In a short time she enjoyed her usual good health, without the aid of any other medicine. Length of treatment one day.

iii. June 7th, 1872, James H., a tall, awkward boy, 13 years, subject to occasional epileptic attacks. Has had chorea six weeks, and for four weeks has been under the treatment of a distinguished physician without improvement. When I saw him he could scarcely walk, and could not take his meals without assistance. I gave him of calomel and jalap five grains each. He had a painless stool. There being no improvement I doubled the dose on the 9th, two days after my first visit. This produced vomiting and painful passages, and entire relief followed. On the 11th there was a slight return of the chorea, for which I gave calomel and jalap, ten grains each, which produced no improvement. On the 12th I gave calomel, five grains, jalap, fifteen grains. This was followed by a painless stool and entire recovery. Duration six days.

iv. James H., again. Fourteen months later, August, 1873, the same boy had another attack. I ordered ol. tiglii, gtt. iss, which was repeated three days later. As intended, severe griping was produced by each dose, but there was no abatement in the symptoms. On the fifth day he took calomel, five grains, jalap, ten grains, which produced no improvement. The seventh day he had an epileptic fit. I gave nothing until the twelfth day, when I ordered the same dose of calomel and jalap. He has had no chorea since. Duration twelve days.

v. July 19th, 1872, Eva G., 10 years, a vigorous child, troubled with worms. I ordered ten grains jalap; next day there being no improvement I gave santonin, gr. j, calomel, gr. v, jalap, gr. x. The next day she passed one lumbricoid and some small worms. The cathartic caused no pain. On the third day the movements were worse, but I persisted, ordering santonin, gr. j, calomel, gr. v, jalap, gr. xx. She passed more worms, but the symptoms did not improve. On the fifth day increased the jalap to thirty grains; this caused vomiting and purging, with much pain, without improvement in the chorea. Having pushed the cathartics as far as I thought safe I ordered Fowler's solution, gtt. v, three times a day. On the fourteenth day the movements still continued, and as she was quite anæmic I gave carb. iron, grs. iij, *ter die*. On the twenty-fifth day the symptoms had disappeared. Duration twenty-five days.

vi. January 5th, 1873, I saw a delicate young lady, 18, who had been suffering several weeks from general chorea. She could not dress herself nor perform any household duties. Gave cal., 5 grs., jalap, 10 grs.; the second day there was no improvement. She took the same

dose on the fourth day, which produced some improvement, but on the sixth day was as bad as before. On the eighth day gave cal., grs. 5, jalap, grs. 15, and on the ninth she had entirely recovered. Duration nine days.

vii. Four months subsequently she was brought to my office, chorea having been noticed eight or ten days before. The movements were confined chiefly to the left side. Since her previous attack she has married. Gave cal., 5 grs., jalap, 15 grs., which acted briskly, and the next morning she enjoyed her usual health. Duration one day.

viii. June 12th, 1873. Carrie G., 12. A delicate child; had small-pox in infancy; two years ago had an attack of subacute rheumatism. For six months before I saw her she suffered with occasional rheumatic pains, mostly at night. The chorea had existed one week, and was confined to the arms. I gave nothing, and saw her again four days later, when the movements had greatly increased, but were confined almost entirely to the right side. She complained of pain in the coronal region; slept a great deal and quite profoundly. I gave her cal., 5 grs., jalap, 10 grs., and found her well the next day. Duration one day.

ix. October 25th, 1873. Lillie I., 9 years, sick ten days. Fourteen months before she had rheumatism. The father died of phthisis; the mother is large and well formed; has frequent rheumatic attacks. Gave cal., 3 grs., jalap, 10 grs. Next day she passed a lumbricoid worm, but was not improved. Fourth day was much better, and could dress herself. Being very anæmic, I gave tr. ferri. chlor., gtt. 10 *ter die*. She gained flesh, but the movements continued. I did not see her again until November 20th, (twenty-sixth day), when I gave her cal., 5 grs., jalap, 10 grs., and the chorea stopped immediately after free purgation. Duration twenty-six days.

Average length of treatment of all the cases, nine and one-third days. Average duration of those in which cathartics alone were used, five days. In seven of the cases the remedial effect of large doses of cathartics was unequivocal, as no other remedies were used. In the other two the benefit was not so apparent, but I have no doubt they were of material service.

Dr. Arnold said that he was glad to see the old cathartic treatment revived, and thought that Dr. Reynolds had done good service by calling our attention to it. He certainly should try it in the next case of chorea which came under his care. He thought the old physicians were excellent observers, and they were of the opinion that these cases were reflex in their origin, and used evacuates to remove any irritation in the alimentary canal. Cases of chorea generally do well, but sometimes they are obstinate, and in the aged, paralysis agitans is frequently diagnosed as chorea.

Dr. Erich said he had usually good results from the use of cnicifuga and the oxide of zinc.

Dr. Monmonier has treated several cases by



counter-irritation from without, as blisters to spine, hot or cold water, etc. He thought the cathartics used by Dr. Reynolds owed some of their success to the counter-irritation produced.

Dr. Arnold. Rosenthal, a great authority on nervous diseases, speaks highly of the interrupted current. The negative pole should be applied to the upper part of the spine, and good shocks given. We may speculate about the pathology of this disease, and our speculations may be correct, but when I come to think that it all turns upon + or — blood, I begin to get a little shaky. The microscope reveals minute changes which are not the results of too much or too little blood, and Clarke and others speak of these changes occurring in the vesicular substance of the brain.

Dr. Evans. My treatment of these cases has been very simple; a purgative followed by potass. brom. I have never had any trouble.

Dr. Lynch. What was the average duration of your cases?

Dr. Evans. Eight or ten days.

Dr. Erich. What did Dr. Evans use before the bromide of potassium became fashionable?

Dr. Evans. Sulphate of zinc.

Dr. Reynolds. We can only advance safely by observation. Some time ago I had a case of epilepsy which I was treating with bromide of potassium (grs. xv. ter die) with unfavorable results. Dr. Miller was called in consultation, and advised increased doses of the medicine. The effect was to increase the frequency of the convulsions to six or eight a day. I stopped all treatment for five or six days and then gave pil. cath. co. No. v. The next day there was one convulsion. I repeated the cathartic, and there have been no convulsions since. I believe that in this case the bromide had weakened the patient, and thus increased the frequency of the attacks.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

New Instruments Relating to the Eye.

Dr. KNAPP, of New York, describes some new instruments, as follows, in the *Transactions of the American Ophthalmological Society* :—

The first instrument is an *improved lid-forceps*. It has rendered me and my colleagues at the New York Ophthalmic and Aural Institute good service in various operations on the lids. The modification, which renders the instrument applicable to both eyes, seems to answer perfectly well.

The second instrument is a "*hook for the extraction of foreign bodies from the interior of the eye.*" It is a small hook, grooved and roughened at its concave side, made of flexible silver, so that its curve may be changed according to the requirements of the case. I have used this instrument for years with

good results, and have a number of cases on record in which it rendered me excellent ser-

vice. Those who have had opportunities to remove foreign bodies from within the eyeball, will know how unavailable forceps are for this purpose, the foreign body, in most cases, receding before the instrument, is pushed more deeply into the interior structures of the globe. The best instruments to extract foreign bodies out of the eye, and, in fact, the only available ones, are hooks and curettes. With these, you can go behind the foreign bodies and draw them toward and into the opening through which you have introduced the instruments. I may add that in this way I have extracted successfully a number of foreign bodies from the *anterior chamber*, some from the *lens*, and a few from the *vitreous chamber*.

The third instrument is a new *ophthalmoscope*. The practical improvements which of late have been made in the construction of ophthalmoscopes have reference to their use as optometers, thus aiding our examinations of the state of refraction, and making them independent of the answers of the patients. The advantage of having an instrument which admits this examination with the smallest loss of time, is felt by every ophthalmologist. A rotating disc behind the mirror, first employed by Mr. Rekoss, of Königsberg, and modified so usefully by Dr. E. G. Loring, of New York, seems to be the best mechanical contrivance for using the ophthalmoscope as an optometer. Loring's three discs, however, cause considerable loss of time by changing from one to



the other, and Cohn's modification, which puts all the glasses of Loring's three discs into one large disc of 3 inches in diameter, appears clumsy and unmanageable. Apart from these inconveniences, the discs in Loring's ophthalmoscope have not a sufficient number of glasses for the requirements of a careful ophthalmic practitioner. Some years before Dr. Loring constructed his instrument, I had a complete collection of small trial-glasses made, which I could insert into an ordinary small (Liebreich) ophthalmoscope, and Dr. H. D. Noyes had his ophthalmoscope so changed that he could place behind the mirror all the numbers of his trial case of spectacles. All this, however, requires too much time for constant use. The ophthalmoscope which I have the honor to

24 and 33 =  $\frac{1}{11}$ ; 33 and 48 =  $\frac{1}{10}$ . The weaker numbers, which occur more frequently in practice, show very small intervals of refraction. These two series of glasses are sufficient for the majority of cases coming before the practitioner. To avoid, however, any loss of time, both discs are placed behind the mirror, and the change from one glass to any other is effected by a very easy rotation of the disc. The discs are held in place and protected from being soiled by a thin metal plate (Fig. 2 B.), which covers the glasses from behind, whilst in front the discs are applied to the body of the instrument. The cover has three holes; the middle one corresponds to the perforation of the mirror; through the two others, placed respectively above and below the central one, the num-



FIG. 1.

FIG. 2.

show you affords the greatest possible number of trial-glasses behind the eye, permits them to be rapidly changed, while the instrument is nearly as small as Loring's. It consists of the ordinary mirror, behind which two discs can be rotated like the diaphragm in some—for instance, Kellner's—microscopes. In each disc are thirteen little apertures, twelve of which are filled with glasses, one being empty (see Fig. 2, A). One disc contains convex, the other concave glasses, in the following progression: 3, 4, 6, 8, 10, 12, 14, 17, 20, 24, 33, 48.\* The intervals of refractive power between these numbers are as follows: between 3 and 4 =  $\frac{1}{12}$ ; 4 and 6 =  $\frac{1}{6}$ ; 6 and 8 =  $\frac{1}{6}$ ; 8 and 10 =  $\frac{1}{5}$ ; 10 and 12 =  $\frac{1}{6}$ ; 12 and 14 =  $\frac{1}{7}$ ; 14 and 17 =  $\frac{1}{9}$ ; 17 and 20 =  $\frac{1}{11}$ ; 20 and 24 =  $\frac{1}{12}$ ;

\* *NOTE.*—In the new instruments + 2 and - 3 are added.

bers of the glasses can be read (see Fig. 3). The cover can be removed if the glasses require cleansing. The vertical diameter of the ophthalmoscope, the handle, of course, not included, is 60 millimetres, not quite 2½ inches; its horizontal diameter is 35 millimetres, not quite 1½ inches.

The instrument has, however, another advantage: the edges of the two discs overlap each other at the place of the perforation of the mirror, so that each glass of one disc can be superposed by each glass of the other disc, thus giving combinations of glasses which will satisfy all practical and scientific demands. It is easy to make intermediate numbers between the higher numbers of the discs. If, for instance, you superpose -4 and +48, you have the number -4.33. If you superpose -4 and +24, you get - $\frac{1}{11}$  or nearly -5, and so forth. If you want to know

the distance between two parts of the fundus oculi, for instance, the centre and the margin of the optic disc, you determine the position of one part by one disc, and add or take away so much refractive power by the other disc as is required to see the second part clearly. Say, for instance, that the centre of an excavated papilla appears clear with—8. You then leave the disc of the concave glasses with—8 behind the aperture in the mirror, rotate the disc of the convex glasses and find that convex 24 renders the margin of the papilla clear. Then the refractive difference between the margin and the centre of the disc is  $\frac{1}{2}$ , which indicates an excavation of 0.4 millimetres in depth. I need not multiply examples, as the use of the instrument is very simple. Messrs. Miller Bros., manufacturing opticians, 1233 Broadway, New York City, have made the instrument with extreme neatness. Its whole thickness is only 5 millimetres.

Two objective lenses (Fig. 3, A.), No. 2 and No. 3, are added, and the whole instrument is contained in a case which is only a little more than half as large as Fig. 3. Its price is \$40.

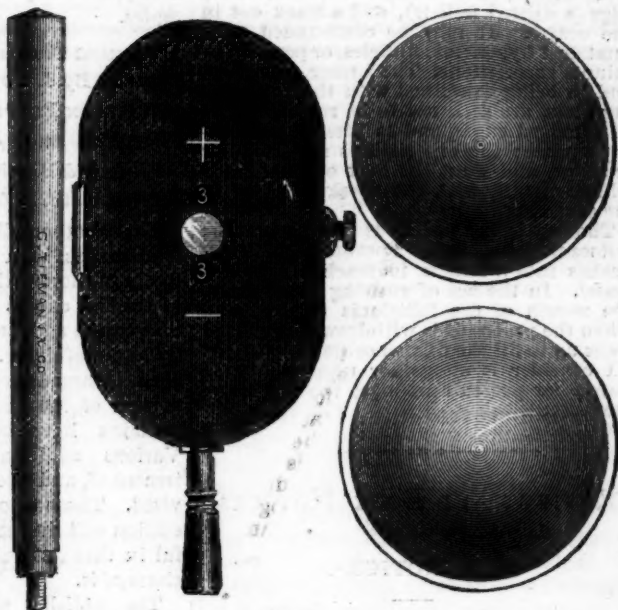


Fig. 3.

A

#### Extirpation of the Larynx with the Epiglottis.

On the last day of the year lately ended, Professor Billroth performed the operation of removing the larynx and epiglottis; a proceeding which had never before been attempted in the human subject, though Czerny had shown, in 1870, by careful experiments, that it was anatomically and physiologically practicable. The patient was a strong man, about forty years of age, the subject of cancerous growths in the larynx, which had repeatedly, after putting him in danger of death from suffocation, been removed by Dr. Störk, with the aid of the laryngoscope. In the beginning of November the new growths extended so far into the interior of the larynx, that their removal from above was no longer possible. As, however, a part of the right vocal cord was present, Drs. Störk and Billroth hoped to preserve this, however imperfect; they therefore opened the larynx from the front, and after removing the growths, applied solution of perchloride of iron to the inner surface. The result of this operation, which was well borne by the patient, appeared at first to be very promising; but in the middle of December new growths were detected by the laryngoscope, and at the end of the month symptoms of asphyxia ap-

peared. On December 30th Dr. Billroth and Dr. Störk decided that the whole larynx was so full of malignant growths that it would be useless to repeat the operation of dividing it and clearing them out; and there was no longer a possibility of preserving any part of the vocal cord. Extirpation of the part would produce no additional physiological defect, and might lead to a radical cure, if the disease were confined to the part and had not reached the glands. Professor Billroth therefore removed the entire larynx. The patient bore the operation very well; he breathed freely through the trachea, in which a tube was inserted; the fever was slight and of short duration; and on the 9th instant the wound was healing favorably. On the 24th the man was reported to be able to eat and drink, and to sit up for several hours daily.

#### The Lesion of Lice.

Dr. TILBURY FOX explains, in the *Lancet*, the appearance of louse bites. He remarks:—

It is easy to mistake the characteristic lesion, and in such cases the observer will, of course, affirm that the lesion I describe is not reliable. The lesion which I say is characteristic is not a bite or a scratch: it is the opening of a follicle dilated by the proboscis of the pediculus, and showing in its centre a speck of at first bright-red blood, which soon acquires a darker hue.

This hemorrhagic speck or "lesion" is not raised to the feel or the eye. It looks like a circular cup-shaped depression about the size of the blunt point of an ordinary

pin, with a well-marked circumferential edge (a dilated follicle), and a black dot in the centre. It may be confounded with scratched hyperemic follicles, or papillæ, or minute excoriations. The former are raised, and on being examined with the magnifying glass, are seen not to be round, but to have ragged edges, and to present a bleeding surface; the excoriations are irregular in shape, and want the look of the dilated follicle-mouth, with the speck of blood in the centre.

The fact is the pediculus has no mouth; it does not bite. It has a proboscis, which it pushes into a follicle to reach a capillary vessel. In the act of sucking blood away, the mouth of the follicle is dilated, and when the proboscis is withdrawn, the blood wells up to fill the dilated orifice.

I consider it altogether unnecessary to search for pediculi amongst the clothes of the patient.

## REVIEWS AND BOOK NOTICES.

### BOOK NOTICES.

**Galvano-Therapeutics.** A Revised Reprint of a Report made to the Illinois State Medical Society, 1873. By DAVID PRINCE, M.D. Philadelphia, Lindsay & Blakiston. pp. 64, cloth. Price \$1.25.

**Lectures on the Clinical Uses of Electricity.** Delivered in University College Hospital, By J. RUSSELL REYNOLDS, M.D., F.R.S. Second Edition. Lindsay & Blakiston. 1874. pp. 118, cloth, 8vo. Price \$1.25.

The former of these treatises we have already referred to in our notice of the *Transactions of the Illinois State Medical Society*. As a careful summary of the availability of galvanism to therapeutical exhibitions it deserves high commendation, and its author evidently speaks from considerable experience and conscientious study of the subject.

The second work, by Dr. REYNOLDS, is a brief but well-composed essay, chiefly on the diagnostic and therapeutical employment of electricity, and as a handy manual for the general practitioner who does not care or has not the time to enter deeply into the subject, will doubtless meet with much favor, and deserves to do so. The author is a London physician of ample experience, Professor of Practice in University College, and

a very favorably known writer on medical topics.

**A Practical Treatise on the Diseases of Children.** By J. FORSYTH MEIGS, M.D., and WILLIAM PEPPER, M.D. Fifth Edition. Revised and enlarged. Philadelphia, Lindsay & Blakiston. 1 vol., 8vo, pp. 1008. Price, cloth, \$6.00, sheep, \$7.00.

That another edition of this compendious treatise has been demanded in comparatively so short a time after the appearance of the last one is the strongest testimony that can be adduced in favor of its popularity and usefulness. The present edition has been enlarged over a hundred pages, and several of the more important articles it contains have been entirely rewritten. Various additional diseases have been treated of, and the whole text carefully revised. Those who already own the previous edition will find enough that is new and useful in this one to repay them for the purchase of it.

The publisher presents the work on fine paper and with clear, readable type, and no doubt the profession will not allow the edition to burden the shelves very long.

**A Clinical History of the Medical and Surgical Diseases of Women.** By ROBERT BARNES, M.D., London, etc. With 169 Illustrations. Philadelphia, H. C. Lea. Sheep, 8vo, pp. 792.

The name of ROBERT BARNES is already so well known, as that of one of the ablest living English gynecologists and attractive writers, that it alone is a guarantee of the character of his production. A study of the work will not disappoint such expectations. It is admirably full and lucid, treating the various diseases of women from the vantage ground of an immense clinical experience and of a well trained and forcible style. The treatment of these complaints is drawn up with especial care, and represents the happy medium between the venturesome rashness of many gynecological surgeons and the do-nothing plans of general practitioners.

Most of the illustrations given are new, drawn from the rich stores of specimens in the Pathological Museum of London. The paper and print are excellent, and nothing has been overlooked by either author or publisher to facilitate the study of its pages.



# MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 7, 1874.

D. G. BRINTON, M. D., Editor.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

## NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,  
115 South Seventh Street,  
Philadelphia.

## "CHEAP JOHN" DOCTORING.

A note which appeared in the REPORTER, January 31st, commented on the impropriety of town, county or city authorities offering the medical supervision of jails, almshouses, and the district poor, to the physician who would undertake it at the lowest rates, without regard to his other qualifications. The note ended with the expression: "The meanest man always gets the job."

This seems to have given considerable offence to a respected friend of ours, in the State of New York. He writes us, quoting this remark, and asks:—

"How so? Is it any meaner to attend the town's poor for a specified sum per year, than to attend them for nothing? I do not think that I am meaner than the majority of my brother Doctors; yet I perform the town work for two towns, at so much a year. There has been no competition. The Board of Auditors agree to give a specified sum, which any Doctor may accept, or attend the poor gratis, as it would amount to that, it being a rule among humane physicians not to refuse to go to a poor man who may call for his services. I think your indiscriminate denunciation extremely unjust."

We are pleased with the opportunity thus offered to discuss this question, not for the purpose of justifying ourselves, but to place the subject generally before our readers. It is familiarly known to most physicians that in counties, towns, and small cities, the Boards of Auditors, the Commissioners, and other such bodies, very generally strive to obtain the medical attendance on the public institutions under their control at the lowest rate, and not unfrequently advertise to that effect in the public papers or otherwise.

Now we can look at such action under two aspects; as to the propriety of it on the part of these authorizing bodies, and as to its effect on the medical profession.

We take it, not a single member of such Boards would, in choosing a physician to attend on himself, his own wife and children, think for a moment of selecting that

physician who would merely agree to charge the least fees. Invariably he would take into consideration the standing of the physician in the community, the system of medicine he practiced, his general ability, his moral deportment, and his recognized professional skill. Not one of these things is looked at in what we shall call the "Cheap John" system of advertising for the lowest bidder. Thus, a plain violation of the Golden Rule, and an utter disregard of sound moral principle, where its neglect perils directly the health, happiness and life of their fellows, appear on the face of this action. The physician who abets it and sanctions it by sending in his bid, shares the moral turpitude it involves, and disgraces himself and his profession to a corresponding extent.

But, unfortunately, the results are not merely personal to himself. Respectable, regular and capable physicians, willing to do their duty fully and conscientiously, cannot, and they know they cannot, furnish attendance and medicine as cheaply as the less scrupulous competitor, who will give inferior drugs and pay hasty and superficial visits. The latter has the larger margin of profit to work on, and can underbid any honest rival. Hence we said, and we say it again, that in this race for what Thomas Carlyle calls the "cheap and nasty," the *meanest man always gets the job*. Of course, it is observed that these remarks do not apply to our correspondent. He apparently has no competitor just now. When some illiterate Thomsonian "yarb Doctor" comes to town, and underbids him before the Board of Auditors, he will rapidly become a convert to our views.

There is no lack of proof to show that the consequences we have just portrayed are not fanciful, but real; they are drawn from facts personally known to us. We have seen notoriously incapable and dissipated men placed in charge of county houses and small municipal hospitals, simply because

they agreed to serve for lower rates than any respectable physician would or could. Thus hundreds of lives of the worthy poor were imperiled; the very class that depends on health for daily bread were ruthlessly exposed to reckless malpractice; and all because the Commissioners wanted to save a few dollars, and did so at the expense of their own morality, of the well-being of the poor whom they were appointed to care for, and of the general standing of the medical profession before the public. If this does not need reforming, not indifferently, but altogether, then no abuse does.

We recommend to our brethren in this country the words with which Dr. GARNIER closes a recent article on a cognate topic in *La France Medicale*:—

"Let us simply ignore those who would make of medicine a trade at reduced prices. They are the disgrace of the profession, and they soon lose the public esteem, for we can never make ourselves ridiculous by causing our services to be equitably appreciated. Great commercial houses which keep to the standard of their prices are so much the more solid and esteemed, and we ought to enjoy the same consideration."

#### SOME RECENT STUDIES ON THE BRAIN.

Within the last year very considerable strides have been made toward a better understanding of the cerebral functions. In the spring of 1873 Dr. FERRIER, physician to the West Riding Lunatic Asylum, published a series of experiments which, besides demonstrating that, under certain conditions, electrical stimulation of the convolutions may determine epileptiform and choreic convulsions, tended more particularly to establish the centralization of certain groups of adaptive movements in particular localities. Stated broadly, the motor endowments of the paws, legs, and tail in dogs and cats were found to be centralized in the "superior external convolution," immediately before and behind the crucial sulcus; while the fore part of the "middle external

convolution" appeared to govern the movements of the eyelids, eyes, and parts of the face; and lastly, the "inferior external" and "Sylvian convolutions" those of the mouth, tongue, and jaws. As regards the posterior parts of these convolutions, the movements obtained were few and less determinate, chiefly of the ears and head; while in his later experiments Dr. FERRIER is reported to have obtained indications of centres of special sense, sight, hearing, smell, in that situation.

These experiments were repeated in Germany without materially different results. But early this winter Dr. EUGENE DUPUY published a review of them, based on researches of his own, which tend to shake Dr. FERRIER'S conclusions. His own experiments differ in some important respects from those of Dr. FERRIER, and principally in yielding much less determinate phenomena, while they also suggest that the movements obtained by Dr. FERRIER are referable not so much to the convolutions themselves to which the electrodes are applied, as to the propagation of the electric currents to the nerves or ganglia at the base of the brain.

Very recently Dr. J. HUGHLINGS JACKSON, of London, has addressed himself to the inquiry as to what is the nature of the duality of the brain. His studies are largely clinical, and in his application of them he guides himself by the principles of psychology laid down by Herbert Spencer, especially as summed up in the following sentences from that author:—

"To remember the color red is to have, in a weak degree, that psychical state which the presentation of the color red produces. To remember a motion just made with the arm is to have a feeble repetition of those internal states which accompanied the motion, is to have an incipient excitement of those nerves which were strongly excited during the motion."

Dr. JACKSON distinguishes between the *automatic* and the *voluntary* revival of such

images, and believes that one half of the brain is occupied with the former and one half with the latter task. Contrary to the opinion of most physiologists, he thinks that the *posterior* lobe of the brain, the region of the thalamus opticus, is that especially concerned with the revival of images, and in general with the highest intellectual operations. He next teaches that the left is the side for the automatic, the right for the voluntary revival of impressions, or for the function of recognition.

The clinical cases and pathological details on which he bases this interesting conclusion may be found in the *Medical Press and Circular* for January and February of this year.

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### VOMITING OF PREGNANCY.

Dr. Atthill, in the *Medical Press and Circular*, says that the hypodermic injection of morphia occasionally controls the vomiting met with in pregnancy, or that which sometimes follows severe cases of *post-partum* hemorrhage. The formula which he now adopts for the solution to be injected subcutaneously is the following:—

|                      |           |
|----------------------|-----------|
| R. Acetatis morphiae | gr. viij. |
| Liquoris atropiæ     | ℥. xlvij. |
| Glycerini            | ℥. v.     |
| Aquam, ad            | ℥. iv.    |

Fifteen drops of this solution contains half a grain of the acetate of morphia, and about the fortieth of a grain of atropia.

#### IODIZED SYRUP OF COFFEE.

The syrup of coffee, according to Dr. Calso Ainé, is an excellent means of disguising the flavor of the iodide of potassium, and of rendering this valuable medicine palatable to patients. The following formula is given:—

|                     |                  |
|---------------------|------------------|
| R. Syrup of coffee  | grammes, d.      |
| Iodide of potassium | grammes, xvj. M. |

Take two to three teaspoonfuls daily.

#### Work and Age.

Dr. Geo. M. Beard's remarkable essay on "Legal Responsibility in Old Age, based on Researches into the Relation of Age to Work," has been republished in book form,

by T. L. Clacher, 107 East Twenty-eighth street, New York. We reviewed this Essay at some length, in the REPORTER, July, 1873, pointing out that the Achilles' heel of Dr. Beard's hypothesis lay in his assumption that the average longevity of men of genius is sixty-six years, and hence, in his comparisons of the relations of age to work, he fails to make allowance for the early death of many original workers.

Dr. Beard seems to ground this assumption on the singular argument that as sixty-five is the average age of the clergy, it is fair to assume that it is also that of other brain-workers, overlooking the obvious fact that the clergy are never occupied with original thought. Their duty and employment is the *confirmatio veri*, not the *inquisitio veri*, which is far more violent toil. Dr. Beard continues to repeat, however, that "no serious error has been pointed out in his calculations." *Quis credit, credat.*

#### Phosphorescence and Ozone.

A writer in the *Journal of the Scottish Meteorological Society* states that the brilliancy of phosphorescent bodies varies with the state of the weather; that the glowworm is more luminous in unsettled than in settled weather; and that the luminosity of the sea, produced, as is well known, by myriads of minute animals, especially the night-shining *Neries*, is a pretty sure precursor of storms. He has found that, when phosphorescence is scarcely perceptible or entirely absent, similarly the ozone-papers indicate a diminution or absence of ozone from the atmosphere.

#### The Physiology of the "Personal Equation."

In the nice calculations of astronomy it is found that two astronomers observing a star passing a meridian seldom agree as to the fraction of a second when the passage takes place.

This disagreement is known as the "personal equation" of observers, and due allowance is made for it in astronomical computations.

Dr. Sigmund Exner, seeking its physiological explanation, has tried to ascertain, by a simple apparatus, the time which elapses between the sensory impression and the motor act following it, viz., the time necessary to produce reaction. He tried to find out whether that time varied in different individuals; whether differences oc-

cur according as the impression is made on various parts of the body or distinct organs of sense; and whether that same time of reaction is influenced by given circumstances. It was found that the reaction time varied in different people between 0.12 and 0.35 of a second; these differences depending much on the age of the individuals. With quick and energetic people the reaction time is longer than with the phlegmatic, a result little expected.

#### A Bishop's Physiology.

Bishop Ferrette, of the Greek Church, delivered the last of his series of lectures to the Woman's Club of Boston, a few weeks since, setting forth some rather startling ideas. He thought that the time of majority with both sexes should be coincident with that of puberty, and that people should marry at that period. The parents, he thought, should have nothing to do with the matter, being unable to appreciate the feelings of their children. If people were allowed to marry at fifteen, says the Bishop, society would be relieved of much care in supporting them, and the moral tone of the community would be raised.

We recommend the Right Reverend Father to review his physiology.

#### On Moral Insanity.

In some lectures on insanity lately published in London, Dr. Edgar Sheppard considers the form known as moral insanity. It is beyond doubt, as Esquirol pointed out, that moral alienation is the proper characteristic of mental derangement. Whatever the difficulty in detecting hallucinations or delusions, there is no exception to the rule of perversion of the passions and moral affections. In cases of moral insanity it is important to inquire into the antecedents, personal and ancestral, of the individual. The insane temperament may be also of idiopathic origin. Its characteristics are vanity, restlessness, capriciousness, impulsive action with general eccentricity of thought and feeling. In *impulsive* insanity, as in *moral*, no delusions are to be found; there is impairment of volition, from perversion of feelings, desires and appetites. Where a homicidal act is committed, there is generally evidence of previous derangement. Epilepsy is often at the root of desperate attempts at homicide, an instance of



which, in a youth aged thirteen, is recorded. Both parents were intemperate.

In regard to the causation of the disease, he says: "A great many seemingly small and trivial circumstances go towards conditioning a disturbance which ultimately eventuates in disease." He lays great stress on the study of the natures of the young, their parental antecedents, proclivity and temperaments. A nervous child should be placed in a strong-minded family; that is, with those who have the will in complete domination, never allowing themselves to be betrayed into doubt or vacillation.

#### The Prevention of Consumption.

Dr. Paul Niemeyer, of Magdeburg, son of the celebrated Professor of Practice, has written an excellent little popular book on Consumption. He traces its chief cause to bad air, and dwells on the injury to health occasioned by causing children to sleep in apartments where the atmosphere, by reason of the impurities contained therein, is little better than an air cloaca. Dr. Düring, of Hamburg, both in private and hospital practice, has followed the rule of open windows by night. They do not appear to have got this length in Naples, where Dr. Cantani, in his rules for the prevention of phthisis, adverts principally to the exhibition of nourishing food, along with frequent doses of the lactate of iron and phosphate of lime, placebos for hæmoptysis and hectic fever and the like. He commends in general terms the country air, but does not advert to the condition of sleeping and living rooms, and the desirability of not infringing sanitary rules with regard to them.

#### Surgery of the Lungs.

A novel and daring therapeutical procedure, addressed to pulmonic cavities, is reported in the *Berlin Klinische Wochenschrift*, by Dr. MOSLER. He injected a disinfecting fluid through the thoracic walls in two cases where cavities could be distinctly recognized. The operation was not followed by pain or constitutional disturbances, and the results were favorable.

In a third case of phthisis of long standing, complicated with amyloid degeneration of the kidneys, a cavity was opened through the thoracic walls by means of an incision, in order to allow the free escape of the purulent contents. A tube was left in the

cavity, and attached to the chest by means of strips of adhesive plaster.

A large quantity of purulent substance escaped through the tube, the cough gradually diminished, and the constitutional symptoms also begun to ameliorate as much as could reasonably be expected where the disease had gone so far. Inhalations through the tube of carbolic acid and iodine greatly diminished the quantity of the secretion, which now became good pus. The kidney-disease, however, made rapid strides, and the case proved fatal a few months after the operation. On *post-mortem* examination, it was found that granulations had begun to spring up from the walls of the cavity.

#### Stauffer's Supporters.

Mr. Stauffer, whose ingenuity in devising instrumental aid in diseases of women is already known to our readers, has made an addition to his series of supporters, as shown in the accompanying cut. The tube (*m*) screws into the globe, and in it, under cover, lies the spring. This spring is set in motion by the pressure of the uterus above, and it is a safeguard against any violence from outside. The small stem (*n*) has a slot, by which it is secured from being drawn out of the tube (*m*) and governs the distance it has to slide against the spring. The globe is to lean anteriorly, and the stem is curved after the form of the pelvis. There is a plug (*F*), with each one, by which the globe may be formed into (*FB*), and worn without the stem and bandage, as a change, or when the strong resistance of the uterus is overcome. The band and belt (*SS*) are as in his other devices. We can confidently recommend these inventions.



#### The Peoria Obstetrical Procedure Explained.

The quotation we made from a Peoria, Ill., paper in the *REPORTER*, January 21st, is pronounced incorrect by a correspondent at that point. He states the lady was delivered, but the placenta not removed, "for some unexplained reason," until the next day, when ergot was given, etc., without avail. Then Dr. S. was called in, who found rupture of the womb on examining "in a very careful manner." It is to be hoped this is the correct version, but we confess the case seems to us still very obscure. The rupture must

have occurred on the day following the delivery. What caused it?

#### The Sanitary Interests of Immigrants.

The Supervising Surgeon of the United States Marine Hospital Service, Dr. John M. Woodworth, has published a pamphlet containing the report of an investigation into the treatment and condition of steerage passengers arriving at our ports. They were prosecuted last July, August and September, at Boston, New York, Philadelphia and Baltimore, and in such a manner that the real facts about the sanitary and moral condition of such passengers could be elicited.

It is gratifying to learn that although in isolated instances they fail to receive proper food and becoming treatment, yet on the whole they are as well off on board ship in these respects, as their class of persons on land. Especially the modern built iron steamers provide very good accommodations in the steerage. Ventilation is generally neglected, but this, at sea, is peculiarly difficult to manage. Various suggestions are made by which further improvements could be effected, and more complete separation of the sexes is enjoined.

#### State Medicine in Michigan.

Michigan is making an excellent record for itself in State medicine, under the efficient supervision of its State Board of Health. The Secretary of the Board, Dr. Henry B. Baker, is fully alive to the varied and profound questions, the solution of which can be obtained only by a scientific sifting of vital statistics. He has addressed a circular letter to the physicians of the State on returning cases of epidemic diseases, and the letter of instructions to the clerks of the local Health Boards is admirably fitted to bring into relief the most valuable parts of the facts they obtain.

#### How to Administer Large Injections.

Very large injections, half a gallon to a gallon, can be administered, says Dr. Wilbrand, by placing a patient upon his elbows and knees, so that the anus becomes the highest point of the intestinal canal. They are extremely useful in fecal accumulation, intussusception, lesions of the ilio-caecal valve, etc.

## CORRESPONDENCE.

#### The Use of the Solar Ray as an Escharotic.

ED. MED. AND SURG. REPORTER.

I have for several years used the concentrated rays of the sun in the destruction of naevi, warts, and other troublesome superficial growths of the skin, and find it a very convenient and efficient caustic. I have destroyed chancres with it, and find it also an admirable method for the local treatment of condylomatous growths of a syphilitic origin.

I am particularly partial, however, to its use in the removal of nevusoid growths from the face. I think no other caustic leaves so little scar as this. It never gives rise to hemorrhage. The pain is not excessive and is not prolonged after its use. Inflammatory action and suppuration have rarely followed. The eschar drops off in from four to six days after the cauterization, leaving a surface which heals kindly and rapidly.

By a very little practice in manipulation, the solar caustic may be applied accurately to just so much of the surface as you may wish to cauterize and to no more. You may, moreover, limit its action to the slightest superficial blister, or you may make its effects penetrate to the depth of a half inch or more at one sitting.

I use a double convex lens, about two and a half inches in diameter and having a focal distance of nearly ten inches. This lens is mounted on a circular brass rim, having a short flat ebony handle. Having placed the patient in the direct sunlight, before an open window, the "focal point" can be directed at pleasure upon any part which you may wish to destroy. The tissues are destroyed almost instantly to the depth of the skin, with a slight snapping or crackling sound. If you desire, by a prolonged application, you may char the flesh to a considerable depth. By moving the focal point rapidly about over the diseased surface, you can go over no inconsiderable ground in a very short space of time. It is very interesting to see the rapid coagulation of the blood and the shriveling of the blood vessels in a nevus under this potent agent.

I have found the solar caustic useful also in repressing excessive granulations in a badly healing ulcer. You can destroy the granulations instantly, and you can limit the caustic action to such parts only as you may wish to touch.

This method of cautery, I am aware, is by no means a new one, but it is not to any extent, at present, in general use. It seems to me, however, that it presents the above mentioned advantages, in various superficial operations upon the skin and its morbid growths, and deserves a more general trial.

RALPH S. GOODWIN, M.D.

Thomaston, Conn.

[While agreeing with our correspondent on the value of the solar cautery, we must add that great caution should be exercised in

using it in destroying naevi on the face. It is by no means easy to avoid leaving a cicatrice; and the employment of it in several cases, one upon a professional gentleman, has led us to believe that the pain is severe and not of brief duration.—ED. REPORTER.]

#### "Simple Vertigo."

ED. MED. AND SURG. REPORTER:—

Under the above caption, there appears in the MEDICAL AND SURGICAL REPORTER, of January 31st, 1874, a quotation of two extracts from a paper by Dr. N. Clifford Allbutt, published in the *British Medical Journal*, briefly reviewing two cases of "simple vertigo" so-called. I would offer the following as a solution of the pathological problem referred to in his paper. A large experience confirms the conclusion that a great majority of these cases are purely symptomatic, and not an affection of the cerebellum, or basic ganglia, as conjectured by the writer; and may be traced, mediately or immediately, to the disturbing action of uric, oxalic, lithic, or other acids held in solution in the circulating medium, through which a more or less profound impression is made upon the susceptible brain tissue, varying in intensity with the constitutional idiosyncrasy, or force of the exciting cause; thus developing the peculiar pathognomonic conditions so accurately described by the writer. The intellectual, so closely simulating alcoholic intoxication, without the corresponding constitutional disturbance, is a characteristic feature of this protean malady.

I add the notes of one, selected from many grave cases. Mr. A., æt. 73 years, large and fleshy, of uniform good health, a farmer by occupation, but retired, was seized with vertigo in the fall of 1873, of such violence as in many respects to resemble apopleptic fits, the paroxysms lasting from ten to thirty minutes. There was a manifest periodicity in the exacerbations, recurring about once a fortnight.

*Treatment.*—Indications suggested the use of such agents as were best calculated to neutralize and eliminate the *materies morbi*, correct the perverted functions of the stomach, bowels, kidneys, liver and skin, conjoined with proper hygienic and dietetic management. Under this regimen we enjoyed the gratification of seeing our patients uniformly restored to health. Respectfully,

A. R. LOGAN, M. D.

Milan, Rock Island Co., Ill., Feb. 10, 1874.

### NEWS AND MISCELLANY.

Mortality of St. Thomas, West Indies.

This health resort shows, for 1873, 571 deaths in a population of about 14,000. The greatest cause of mortality among adult residents was consumption, a disease for which the climate is supposed to afford a remedy. There were no deaths from yellow fever during the year.

#### Jefferson Medical College.

The catalogue of the Jefferson Medical College, lately issued, shows a class in attendance, for the session of 1873-74, of four hundred and seventy-three students, the largest assembled in Philadelphia since the war. Thirty-four States of the Union were represented, and, besides, the following countries: Cuba, Porto Rico, Costa Rica, Mexico, Canada, New Brunswick, Nova Scotia, England, Scotland, Germany, Russia, India.

#### Philadelphia County Medical Society.

The next meeting will be held Wednesday, March 11th, at 8 o'clock, P. M. The subject before the meeting will be "The Philadelphia County Medical Society." The paper will be read by Dr. L. J. Deal. All regular practitioners of medicine are invited.

#### Cerebro-Spinal Meningitis in Illinois.

We notice in the Illinois papers that the cerebro-spinal meningitis is prevailing to an alarming extent in Green county. Nearly one hundred cases have resulted fatally.

The Quincy, Ill., *Whig* remarks, "Nearly every town in this State is just now enjoying the spotted fever and a religious revival." Possibly these simultaneous manifestations are not without relatione.

#### Death from Religious Excitement.

The Rev. De Witt Talmage, of Brooklyn, is a powerful orator, and when on the subject of eternal punishment can literally scare a body to death. On Sunday, February 15, he dwelt on this interesting topic with all his usual vehemence. Among those present was a young lady who came to church apparently in her usual good health. At the conclusion of the discourse she fainted, and was carried out of the church. Before her friends could get her home she died. Coroner Jones held an inquest, which resulted in showing that death was caused by heart disease hastened by mental excitement. Such a mighty orator ought to be placed under sanitary supervision.

#### The Siamese Twins.

The published report of the examination, referred to in our last number, was, as we stated, imperfect and unsatisfactory. Further examination appears to have shown that the livers of the twins were united by a continuous band of parenchymatous tissue, whether properly and truly hepatic in structure or not remains still doubtful. Other relations were also noted. It is to be hoped that the gentlemen engaged in the dissection will finally present a full and accurate report of their labors; and it is to be regretted that they permitted such a defective and immature account to go forth as the scientific product of their work.

## Personal.

Dr. August Hermann, senior surgeon to the hospital in Prague, and professor extraordinary of surgery in the University, died of hydrophobia on January 7th. He had been bitten slightly in the hand by a greyhound, about six weeks previously.

Dr. Radziejewski, *privat docent* in the University of Berlin, a young physician of great promise, has died suddenly, of apoplexy.

Dr. D. W. Streeter, of Chesterfield, Mass., was attacked while in bed, recently, by his negro man, "George," and seriously, but probably not fatally, beaten about the head with a short club.

Miss Mary Town died at Alburg Centre, Vt., a few days ago, from a dose of opium given her by mistake instead of rhubarb, by a man named Little, who was part doctor and part minister.

—Adulterators of milk in Illinois are likely to fare very badly, if the revised criminal code is adopted. One of its provisions is that whoever adulterates any milk with water, chalk, or other substance, or sells such milk, shall be confined in the county jail not exceeding one year, or fined not exceeding \$500.

—The hydrate of chloral, which in 1869 cost eighty dollars a pound, so that each sleep produced by it could be reckoned at one dollar, is now advertised on the list of a German chemical factory at about two dollars a pound.

—The Bill for "the Promotion of Medicine and Surgery," lately passed the Senate of Illinois, is politely called by the newspapers of that State, the "Pauper Butcher Bill."

—The Philadelphia Dental College held its commencement February 27. The degree of D.D.S. was conferred upon twenty-nine graduates.

## QUERIES AND REPLIES.

## Query in Obstetrics.

MR. EDITOR:—Given a case of labor in a healthy primipara, ut. 37, full term, pelvis normal. The waters have broken spontaneously with the first pains; head presentation, and the position having been carefully diagnosed, is found to be the fourth. Labor pains, after some six hours, come on strong, but the mechanism of the labor is abnormal. After 24 hours of strong pains, from which the woman has had no rest for the past 18 hours, the occiput is found to be directed posteriorly, and the forehead under the symphysis pubis, sagittal suture not quite in the antero-posterior diameter, but slightly oblique, with the vertex a little inclined towards the left side. The occiput already presses against the perineum, and has greatly distended it. The forehead seems now almost wedged or impacted under the arch of the pubis. Pains, which have been strong for 21 hours (woman

has been in labor 27 hours), have almost entirely ceased, and the womb seems in an atonic condition. Bladder and rectum have been emptied, and the condition of the woman is good, but much exhausted. Fœtal heart has been heard with difficulty all through the labor, supposed to be owing to the unusual position of the child. Motions of the child have been active, and generally felt on the right side and centre of the abdomen; child is, however, at this stage alive. Rectification of the position has been carefully tried, and even the vectis employed to assist in rotating the occiput under the arch of the pubis, but all without success!

What is the treatment in the above case?

What difficulties will be encountered in this delivery?

What is the prognosis for the child?

What is the prognosis for the mother?

St. Louis, Mo.

T. G. C.

## MARRIAGES.

BECKETT-DOWNS.—On the 19th ultimo, at the house of the bride's father, by Rev. J. Vansant, Albert T. Beckett, M. D., son of Wm. Beckett, Esq., and Miss M. Ella Downs, daughter of Rev. John W. Downs, all of Hurffville, N. J.

BROWN-McNUTT.—By Rev. J. Mateer, D.D., on Tuesday morning, February 10th, Dr. J. A. Brown, Worthville, Jefferson Co., Pa., and Miss L. Jeanie E. McNutt, New Bethlehem, Clarion Co., Pa.

GIBSON-CURTIN.—On the 18th ult., by the Rev. Samuel A. Wilson, assisted by the Rev. J. H. C. Dosh, Dr. William I. Gibson and Miss Annie A. Curtin, daughter of James Curtin, Esq., all of Baltimore.

HUNT-BLICK.—In Union Methodist Episcopal Church, Covington, Ky., February 12th, 1874, by the Rev. J. S. Chadwick, Mr. L. Judson Hunt, M.D., and Miss Isabella M. Blick, both of Covington.

HURD-VANDEVORT.—Thursday evening, February 12th, 1874, by Rev. Samuel Laird, at the residence of the bride's parents, Homewood, Pa., Wm. L. Hurd, of Boston, and Alabama, daughter of Dr. R. Vandevort.

STILL-HARDY.—On Wednesday, February 11th, by the Rev. John E. Price, James T. Still, M.D., of Boston, Mass., formerly of Medford, N. J., and Miss Elizabeth Hardy, of Philadelphia.

THATCHER-BLAKEY.—At the residence of the bride's parents, on the 12th ult., according to the order of the Society of Friends, Jesse W. Thatcher, M.D., and Elizabeth S. Blakey, daughter of Parson Blakey, all of Quakertown, Bucks Co., Pa.

WELLS-IRELAND.—On the 23d ult., at the residence of the bride's mother, Germantown, by Rev. H. Hastings Weld, D.D., Dr. Howard Wells, U. S. N., and Fanny L., daughter of the late William Ireland, and niece of the officiating clergyman, all of this city.

## DEATHS.

BEACH.—On the 7th ult., M. M. Beach, M.D., in the 50th year of his age.

BAYLES.—At Astoria, Long Island, on Tuesday, February 17th, 1874, Hersey Bayles, M.D., aged 75 years.

CLINKINBEARD.—On Saturday, the 28th ult., of scarlet fever, Daise, daughter of Florence and the late Dr. A. C. Clinkinbeard, aged 2 years and 21 days.

FAIRCHILD.—On the 24th ult., at Parsippany, Morris Co., N. J., of apoplexy, Dr. R. F. W. Fairchild.

HELFRICH.—On the 22d ult., Dr. Jacob S. Helfrich, of this city.

PALMER.—In Brooklyn, November 14th, Dr. David Palmer, formerly of White Plains, in the 84th year of his age.